#1400013364

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Plus Trade, LLC			CASECO -8/8 PL
(Name of the Limited 1 (A I	Liability Company as it no Florida Limited Liability Co	w appears on our records.) ompany)	ALLAHARY OF S. 37
The Articles of Organization for this Limited Liabi Florida document number <u>L14000013364</u>	lity Company were file	d on 01/24/2014	TALLAHASSEE. F.S.A.E. and assigned 100.
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability com	pany here:	
The new name must be distinguishable and end with the wor		any," the designation "LLC" o	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable:			. <u>. </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		lress on our records, <u>e</u>	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Flori	da

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Luis A Urbano	401 Miracle Mile Suite 2	204 □ Add
		Coral Gables, FL 331	
			Add
			□ Remove
			□ Add
			□ Remove
			□ Remove
			□ Remove
			□ Remove

11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	te date, if other than the date of filing:
Dated _	February 3 2014
	Stand
	Signature of a member or authorized representative of a member
	Carlos A Urbano
	Typed or printed name of signee

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Filing Fee: \$25.00